

FILED JAN 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3857

BIRTH NO.		REG. DIST. NO. 358		PRIMARY REG. DIST. NO. 4522		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood		108	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harwood, Mo.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) George Hamilton		a. (First)		b. (Middle) Wilson		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
Jan. 21		1949					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug. 13, 1859		9. AGE (In years last birthday) 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sangamon Co. Ky. /		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Reuben C. Wilson		13b. MOTHER'S MAIDEN NAME Marium Pearceal		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mabel Waggoner		ADDRESS Harwood, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute myocardial failure ANTECEDENT CAUSES (b) Old Rheumatic heart disease DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none 4/16				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 19, 1949, to Jan. 21, 1949, that I last saw the deceased alive on Jan. 19, 1949, and that death occurred at 8:40 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Rolla B. Gray M.D.				23b. ADDRESS Nevada, Missouri		23c. DATE SIGNED Jan. 22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan. 25, 1949		24c. NAME OF CEMETERY OR CREMATORY Green Lawn		24d. LOCATION (City, town, or county) (State) Schell City Vernon Mo	
DATE REC'D BY LOCAL REG. Jan. 22-1949		REGISTRAR'S SIGNATURE Mrs. Sarah E. Gray		329		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
				O. Waggoner		Harwood, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 7,  
District File Number 12-48-1663  
Date Filed 1-25-49

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Oliver Jones*

Licensed Embalmer No. 2709

P. O. Address Harwood, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.